

# Wellness Pod Client Intake Form



Advance  
Detox  
Center

Colonic Hydrotherapy for Men & Women

## General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Do you want appointment reminders? Yes  No

Email

What are your intentions/expectations for this visit and what are your concerns?

How did you hear about us?

## Medical History

Please check all that apply:

- Have you ever had a wellness pod or infrared sauna session before? Yes  No
- Do you wear a pulse adjuster, pacemaker, metal or other electromagnetism device? Yes  No
- Do you have hypertension? Yes  No
- Do you have any open wounds, sores, blisters or rash on your body? Yes  No
- Do you have epilepsy or any nervous condition? Yes  No
- Do you have implants, (metal, breast etc.)? Yes  No
- Do you have a fever or insensitive to heat? Yes  No
- Do you have cancer? Yes  No
- Female Clients: Are you pregnant or nursing? Yes  No

Contraindications: Cocoon Wellness Pod is not suitable for everyone, If you have marked "YES" to any of the above questions, we recommend that you do not use the Cocoon Wellness Pod. If you have any other concerns regarding the use of the Cocoon Wellness pod for health reasons, we recommend that you consult your primary care doctor.

Are you currently taking any medications? Yes  No  **If "YES" please explain:**

If you are taking any medications such as diuretics, barbiturates, anticholinergics or beta blockers, these are a contraindication not to use the Cocoon Wellness Pod.

Please list any other illness/condition you are currently being treated for by a medical professional:

Please explain:

Do you have any allergies? Yes  No  If yes, please explain:

I understand and take full responsibility for my own health and well-being, the Cocoon Wellness Pod is designed as a health aid and is no way to take place of a doctor's care when it is indicated. I have checked "YES" if I have any of the following contraindications and discussed with the therapist my conditions. If during the session I feel generally unwell, lightheaded, dizzy, nauseous, shortness of breath or uncomfortable, even in the slightest, I am responsible for immediately stopping my session by pushing stop on the pod and notifying the therapist. Information exchanged during any Cocoon Wellness Pod session is for educational in nature and should be used at your own discretion.

Signature

Date